



## MBE MINIMUM CERTIFICATION CRITERIA

It is the objective of the District to provide incentives to increase the participation of MBEs which are experiencing the effects of marketplace discrimination and have sought to do business in the District's relevant market area. Applicant businesses are advised that criminal penalties can be imposed under Section 775.082, Section 775.083, or Section 775.084, F.S. for fraudulent MBE representation. It is the intent of the District to notify the proper law enforcement agency of all such instances.

Form #0964

IS THE BUSINESS.....	YES	NO
engaged in commercial transactions (for profit)?		
at least a 51% minority owned, independently operated business concern?		
owned by the minority persons who did not acquire their majority ownership via a transferal from a non-minority spouse, relative, or employee within the past two (2) years?		
domiciled in the State of Florida? ( <i>Domicile means the state in which the business has its principal place of business. For a corporation, domicile means the state under whose laws the corporation was formed.</i> )		
managed and controlled by minority owners with real, substantial and continuing interest?		
operating as a regular dealer of commodities, making sales regularly from goods maintained in stock? ( <i>If applicable</i> )		
within District Size Standards? ( <i>Note: This means that the net worth cannot exceed \$5 million</i> )		
employing 200 or fewer employees?		

IS THE MINORITY QUALIFIER(S).....	YES	NO
the license holder and/or the professional license holder in areas that require licensure?		
a permanent resident of the State of Florida for a least 6 months out of the last 12 months?		

**IF YOU RESPONDED "NO" TO ANY OF THE ABOVE APPLICABLE QUESTIONS,  
YOUR FIRM SHALL BE DETERMINED INELIGIBLE FOR MBE CERTIFICATION.**

**MBE Certified:** Applicants determined eligible shall receive a certification letter stating the length of time for which the business has been certified, the specialty area(s) of the business, the minority status categories in which the business is certified, and the business' responsibilities.

**Ineligible (Denied):** Applicants determined ineligible shall receive a letter stating the basis for the denial of certification citing applicable rules and shall not be eligible to submit a new application until 190 days after the date of notice of denial of certification or the District's final agency order denying certification.

***Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided by Section 775.082 or Section 775.083, F.S.***



South Florida Water Management District  
Attn: Equity In Contracting  
P. O. Box 24680  
West Palm Beach, FL 33416-2480

FOR INTERNAL USE ONLY: VENDOR # \_\_\_\_\_

Rec'd \_\_\_\_\_ Desk Review \_\_\_\_\_ Initials \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

# MBE CERTIFICATION APPLICATION

**YOU MUST BE A REGISTERED VENDOR WITH THE DISTRICT BEFORE APPLYING FOR CERTIFICATION**

## REQUIRED SUPPORT DOCUMENTS FOR ALL MINORITY OWNERS

Attach a copy or copies of the below listed documents that prove ethnic group membership **AND** State of Florida domicile.

1. Birth Certificate
2. Passport
3. Driver's License
4. Tribal Certificate  
(federally recognized Indian Tribe)
5. Voter's Registration
6. Alien Registration
7. Armed Services Discharge Papers.

## REQUIRED SUPPORT DOCUMENTS FOR A CORPORATION

1. Federal Tax Returns for prior 2 years, including all schedules;
2. Occupational license to do business in county where business is located;
3. Professional/Trade License for individual qualifying the business;
4. Articles of Incorporation and subsequent Amendments;
5. Minutes of Organizational Meeting;
6. Corporation Bylaws;
7. Resumes of principals and key employees showing education, training & employment.

## REQUIRED SUPPORT DOCUMENTS FOR A PARTNERSHIP OR SOLE PROPRIETORSHIP

1. Federal Tax Returns for prior 2 years, including all schedules;
2. Occupational license to do business in county where business is located;
3. Professional/Trade License for individual qualifying the business;
4. Fictitious Name Certificate;
5. Resumes of principals and key employees showing education, training & employment.

**NOTE: A firm must be registered with the State of Florida in order to do business with the South Florida Water Management District.**

### 1. GENERAL INFORMATION

Company Name		
Street Address		
City		State
Mailing Address if different than above		Zip Code
Telephone Number ( )		Fax Number ( )
Telephone Number ( )		Fax Number ( )
Business Contact	Title	Telephone No. ( )

### 2. EMPLOYEES

Number of Full Time Employees	Number of Part Time Employees	Number of Leased Employees
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### 3. CERTIFICATION STATUS APPLIED FOR:

☐ Minority Business Enterprise (MBE) ☐ American Woman Business Enterprise (WBE)

### 4. TYPE OF BUSINESS OWNERSHIP - Check the section that applies to your type of business entity.

☐ Corporation ☐ Partnership ☐ Sole Proprietorship ☐ Other \_\_\_\_\_

**5. NATURE OF BUSINESS (Specify major services, products, and/or materials directly offered or supplied)**


**6. HOW WAS THE BUSINESS STARTED BY ITS PRESENT OWNERS?****Date Established:**
☐ Bought existing business    ☐ Started as a new business    ☐ Secured franchise    ☐ Merger    ☐ Other
**7. BUSINESS CLASSIFICATION**
☐ Manufacturer    ☐ Broker    ☐ Professional    ☐ Wholesale Distributor    ☐ Retailer    ☐ Contractor    ☐ Other\_\_\_\_\_
**8. FOR DISTRIBUTORS AND SUPPLIERS ONLY**

Average Dollar Value of Inventory		<b>(Attach a list of major suppliers)</b>
Location of Storage Facility		Sq. Ft: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px;"></span>

**9. SPECIFY THE OWNERSHIP PERCENTAGE OF PRINCIPAL OWNER(S) (Race, Gender, Ethnic Codes)**

%	(A) Asian American	%	(B) African American	%	(H) Hispanic American
%	(N) Native American	%	(W) White (non-Hispanic)		
<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">% (F) American Woman</div> <div style="border: 1px solid black; padding: 2px;">% (M) Male</div> </div>					

**10. DOMICILE**

A. Is the business domiciled in the State of Florida?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
B. Is the principal owner a lawful permanent resident of the State of Florida?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
C. Is the principal owner a lawful resident of the United States?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**11. FOR A CORPORATION ONLY**

Total number of corporate stock share authorized		Number of common		Number of Preferred	
Total number of corporate stock share authorized		Number of common		Number of Preferred	

**A. LIST ALL PERSONS CURRENTLY HOLDING OUTSTANDING STOCK ISSUED BY YOUR COMPANY.**
*C = Common Stock    P = Preferred Stock    O = Other type Stock    V = Voting Stock    N = Non-Voting Stock*

Name & Title	Racial, Gender, Ethnic Code	Date of Purchase	Stock Type C, P, or O	Voting or Non-Voting Stock V or N	% of Total Shares	Cost of Shares

**12. LIST CURRENT BOARD OF DIRECTORS**

Name	Racial, Gender, Ethnic Code	Date of Election	Telephone Number	Home Address

**13. LIST ALL CORPORATE OFFICERS (President, Vice President(s), Secretary, Treasurer, etc.)**

Name	Title	Racial, Gender, Ethnic Code	Date of Service/ Election	Home Address

**14. FOR A PARTNERSHIP ONLY**

Name of Partners	Racial, Gender, Ethnic Code	Date of Ownership	% of Ownership

**15. HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS AS PARTICIPANTS IN ANOTHER FIRM, EVER BEEN**

Certified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Denied Certification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Certification Revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Decertified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Debarred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**NOTE: Attach a written explanation of denial(s), decertification(s), suspension(s), debarment(s), or revocation(s).**

**16. IS YOUR COMPANY NOW OR HAS IT BEEN A SUBSIDIARY OF (OWNED BY) ANOTHER FIRM?**

☐ Yes ☐ No

Name of Other Firm	Address
City, State, Zip Code	Telephone Number

17. ARE ANY OWNERS, PARTNERS, OR PRINCIPALS OF YOUR COMPANY AFFILIATED WITH ANY OTHER FIRM(S) AS EMPLOYEES, SHAREHOLDERS, OFFICERS, OR DIRECTORS? (If YES, please list below and attach a written explanation of the business relationship.)			
Name of Person	Name of Firm	Firm Telephone No.	Title at Other Firm

18. SPECIFY THE CURRENT NET WORTH (assets minus liabilities) OF THE FIRM		<i>Must be completed</i>
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19. DOES ANY OTHER FIRM CONTRIBUTE EQUIPMENT, FINANCING, PERSONNEL, OR SPACE TO YOUR COMPANY If Yes, list below.				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Name of Firm	Address	Telephone #	Contact	Amount or Type of Support Supplied	

20. IF YOUR COMPANY PERFORMS WORK IN THE CONSTRUCTION TRADES, PLEASE PROVIDE THE FOLLOWING				<input type="checkbox"/> N/A
Type of Contractor' Certification Held	Certification Number	Expiration Date	Name of Qualifier	

21. IF YOUR COMPANY PERFORMS THE FUNCTION OF A SUBCONTRACTOR, LIST THE PRIME CONTRACTOR YOU MOST FREQUENTLY WORK FOR.				<input type="checkbox"/> N/A
Name & Address of Firm	Contact	Telephone Number	Description of Work or Services Performed	

22. NAME THE ONE INDIVIDUAL IN YOUR COMPANY MOST RESPONSIBLE FOR: (Circle <u>ONE</u> for each line)					
Function	Name	Title	Minority	American Woman	Non-Minority
A. Determining what jobs your company will undertake			M	F	N
B. Project Coordination & Supervision			M	F	N
C. Major Expenditures, e.g., equipment investments, etc.			M	F	N
D. Hiring/Firing Personnel			M	F	N
E. Preparing Job Estimates			M	F	N
F. Submitting Quotations			M	F	N
G. Reviewing Plans/Specifications			M	F	N
H. Marketing and Sales			M	F	N
I. Securing Insurance			M	F	N
J. Securing Bonding			M	F	N

23. LIST THREE (3) MAJOR PROJECTS, IN DOLLAR AMOUNT, COMPLETED BY YOUR COMPANY DURING THE LAST YEAR.				
Contract & Amount	Type of Work	Date	City & State	Name, Address & Telephone No. of Project Owner

### **DECLARATION OF MBE STATUS**

In accordance with South Florida Water Management District Chapter 40E-7, PART VI, F.A.C., in order to participate as a minority business enterprise, businesses must be certified by the District pursuant to Sections 40E-7.651, F.A.C. and 40E-7.653 and must have previously sought to do business within the relevant market area of the South Florida Water Management District **prior to the time a bid or proposal is submitted**.

I have previously sought to do business within the following counties which comprise the South Florida Water Management District's relevant market area: (Check if applicable)

<input type="checkbox"/> Alachua	<input type="checkbox"/> Dade	<input type="checkbox"/> Hillsborough	<input type="checkbox"/> Monroe	<input type="checkbox"/> Pinellas
<input type="checkbox"/> Brevard	<input type="checkbox"/> Duval	<input type="checkbox"/> Indian River	<input type="checkbox"/> Okeechobee	<input type="checkbox"/> Polk
<input type="checkbox"/> Broward	<input type="checkbox"/> Glades	<input type="checkbox"/> Lee	<input type="checkbox"/> Orange	<input type="checkbox"/> Seminole
<input type="checkbox"/> Charlotte	<input type="checkbox"/> Henry	<input type="checkbox"/> Leon	<input type="checkbox"/> Osceola	<input type="checkbox"/> St. Lucie
<input type="checkbox"/> Collier	<input type="checkbox"/> Highlands	<input type="checkbox"/> Martin	<input type="checkbox"/> Palm Beach	<input type="checkbox"/> Volusia

If your firm is currently certified, please indicate the certifying agency or agencies and attached letters/certificates of certification.


### **ACKNOWLEDGEMENT**

The undersigned does hereby acknowledge that the statements contained in this application and all attachments which have been provided in support of this application (hereafter referred to as THIS APPLICATION) are true, accurate and complete and include all material information necessary to identify and explain the ownership and operation of this company.

Further, the undersigned agrees to provide the South Florida Water Management District (hereafter referred to as the DISTRICT) with current, complete, and accurate information regarding THIS APPLICATION, its attachments, or any project or contracts issued by the organizations or corporations utilizing the DISTRICT'S procurement and/or construction programs. The undersigned further agrees that, as part of this application procedure, the DISTRICT may freely contact any person or organization names in this application to verify statements made in THIS APPLICATION and/or to secure additional information or data. The undersigned understands and agrees that failure to submit required materials and/or consent to interviews(s), audit(s), and/or examination(s) will be grounds for immediate rejection of THIS APPLICATION.

In addition, all information and documents submitted with THIS APPLICATION become official public records. The DISTRICT bears no obligation to return to the applicant any documents. All information may be shared with other governmental agencies for purposes of reciprocal certification unless applicant has labeled it "proprietary confidential information" per section 287.0943(2)(h), F.S.

Furthermore, the undersigned acknowledges that (he/she) may not fraudulently obtain, retain, attempt to obtain or aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make false statement; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity.

The undersigned further acknowledges that the DISTRICT retains the right to reevaluate the contents of THIS APPLICATION at any time and notify the undersigned of any changes to its MBE certification status.

<b>Signature</b>	<b>Name</b> (type or print)
<b>Title</b>	<b>Date</b>

*Whoever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his or her official duty shall be guilty of a misdemeanor of the second degree punishable as provided in Section 775.082 or Section 775.083, F.S.*